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CONFIRMATION NO. 2895

SERIAL NUMBER 10/766,760	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 49321- 117/OHSU#642.
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APPLICANTS

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CB
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** CONTINUING DATA *****

This appln claims benefit of 60/443,214 01/27/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Allowance</i> Examiner's Signature	<i>CB</i> Initials			

ADDRESS

22504

TITLE

Gene mutation associated with age-related macular degeneration

FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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